



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
17 Garfield		0378 Garfield County H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	1	104	1.36	66	08/11/04	_____	_____
100	CO	2	52	1.36	66	08/11/04	_____	_____
100	CO	3	48	0.95	35	08/11/04	_____	_____
100	CO	8	120	1.36	66	08/11/04	_____	_____



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Date		Signature, Chair, Board of Trustees						
County: 17 Garfield		District: 0382 Van Norman Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	15	Whiteside	168	0.95	48	08/11/04		



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Date		Signature, Chair, Board of Trustees						
County: 17 Garfield		District: 0387 Cohagen Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	27	4	92	0.95	16	08/18/04		